

## Collection of Participant Satisfaction Items

**Note:** This is a collection of possible items that can be used on a participant satisfaction tool. You can use any of the items as they appear or modify them to better meet the needs of your program. When creating your tool, you can use as few or as many items as you want.

### Part A: Potential Student/Participant Items

The items in Part A could be used or modified for use on a survey for participants.

#### Demographics

Are you a boy or a girl?

**Boy**

1

**Girl**

2

Gender:

**Male**

1

**Female**

2

In what grade are you?

**9<sup>th</sup> grade**

**10<sup>th</sup> grade**

**11<sup>th</sup> grade**

**12<sup>th</sup> grade**

**Other**

How old are you?

**14 years old  
or younger**

**15 years old**

**16 years old**

**17 years old**

**18 years old  
or older**

How do you describe yourself?

**American Indian**

1

**Black/African American**

2

**White**

3

**Hispanic/Latino**

4

**Asian**

5

**Other**

6

How long have you been in the United States?

**I was born in the U.S.**

1

**Less than one year**

2

**One to three years**

3

**Four to six years**

4

**More than six years**

5

#### General Reactions to the Program

What did you think of the program?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, what did you think of today's program?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, how would you rate the program?

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

Overall, I think the program was:

**Very Poor**

1

**Poor**

2

**Good**

3

**Very Good**

4

**Excellent**

5

The program was enjoyable.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The characters in the (role plays, videos, stories) seemed like people I might meet or know.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

The characters in the (role plays, videos, stories) were in situations which I could relate to.

**Strongly Disagree**

1

**Disagree**

2

**Neutral**

3

**Agree**

4

**Strongly Agree**

5

What did you like best about this program?

What did you like least about this program?

What was your favorite activity?

### Reactions to Class/Program Length

The length of each class was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

The length of the whole program was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

### Appropriateness of the Program for Other Students Their Age

Should this program be taught to other students your age?

<b>Yes</b>	<b>No</b>
1	2

#### Alternative answer choices:

Should this program be taught to other students your age?

<b>Definitely No</b>	<b>Probably No</b>	<b>Not Sure</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>
1	2	3	4	5

Should a sex education program like this one be taught to other students your age?

<b>Yes</b>	<b>No</b>
1	2

#### Alternative answer choices:

Should a sex education program like this one be taught to other students your age?

<b>Definitely No</b>	<b>Probably No</b>	<b>Not Sure</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>
1	2	3	4	5

Were the role plays realistic for people your age?

<b>Yes</b>	<b>No</b>
1	2

#### Alternative answer choices:

Were the role plays realistic for people your age?

<b>Definitely No</b>	<b>Probably No</b>	<b>Don't Remember</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>
1	2	3	4	5

### Program Impact on Learning Anything New/Important

Did you learn anything new from this program?

<b>Yes, a lot</b>	<b>Yes, a little</b>	<b>No</b>
1	2	3

Did you learn anything new from the lesson about condoms?

<b>Yes, a lot</b>	<b>Yes, a little</b>	<b>No</b>
1	2	3

I learned new information about HIV and other sexually transmitted infections in this program.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

What was the most important thing you learned from this program?

What will you do differently from participating in this program?

### Program Impact on Understanding/Comfort/Communication re: Body Changes

Because of this program, do you have a better idea of what changes will happen to your body?

<b>Yes, a lot better</b>	<b>Yes, a little better</b>	<b>No</b>
1	2	3

Because of this program, do you feel more comfortable with how your body works?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this program, will you be able to talk with your parents or other adults more easily about your body and how it is changing?

<b>Yes, it will be a lot easier</b>	<b>Yes, it will be a little easier</b>	<b>No, it won't be any easier</b>
1	2	3

## Program Impact on Expressing Sexual Limits/Resisting Pressure

Because of the lessons, are you more aware of situations that could lead to sex?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Because of the lessons, are you more aware of situations that could make it hard to stick with your limit?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Was it helpful to practice how to resist pressure in situations that could lead to sex?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Was it helpful to practice how to tell someone where you draw the line?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Was it helpful to practice how to tell your friends "no" when they're pressuring you?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Did the lessons give you ideas on ways you could stick to your limit?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Because of the lessons, is it easier for you to draw the line?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Because of the lessons, did you learn that pressuring your friends may hurt your friendship?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Because of the lessons, did you learn ways to show your friends you respect their lines?

<b>Yes</b>	<b>No</b>	<b>Not Sure/Don't Remember</b>
1	2	3

Suppose you decided you did not want to have sex until you were older. Did this program help you feel more comfortable telling someone you don't want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Suppose someone you liked wanted to have sexual intercourse with you but you did not want to. Because of this program, would you feel more comfortable telling that person you don't want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this program, do you feel more comfortable telling a partner your limits on sexual activity?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this program, do you feel more comfortable telling someone you don't want to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

### **Program Coverage/Impact on Understanding, Comfort, Communication re: Condoms/Birth Control**

The time we spent learning to use condoms was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

The time we spent learning about different birth control methods was:

<b>Much too Short</b>	<b>Too Short</b>	<b>Just Right</b>	<b>Too Long</b>	<b>Much too Long</b>
1	2	3	4	5

Suppose you decided you did not want to have sex without using protection. Did this program help you feel more comfortable telling someone you wanted to use a condom and other protection if you were going to have sex?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

Because of this program, do you feel more comfortable talking with a boyfriend or girlfriend about condoms?

<b>Yes, a lot more comfortable</b>	<b>Yes, a little more comfortable</b>	<b>No</b>
1	2	3

The information I learned about methods of protection will make it easier for me to practice safer sex now or in the future.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

I feel like I have more choices about safer sex after participating in the program.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

### Program Impact on Communication with Child (Parents Only)

I now have more ideas on how to communicate effectively with my child than before I came today.

**Strongly Disagree**  
1

**Disagree**  
2

**Agree**  
3

**Strongly Agree**  
4

As a result of today's workshop, I am more comfortable with the idea of talking about sexuality with my child.

**Strongly Disagree**  
1

**Disagree**  
2

**Agree**  
3

**Strongly Agree**  
4

As a result of today's workshop, I am more confident that I could start a conversation about sex with my child.

**Strongly Disagree**  
1

**Disagree**  
2

**Agree**  
3

**Strongly Agree**  
4

How comfortable were you talking with your child about sexuality-related issues before you came today?

**Not at all  
comfortable**  
1

**Not very  
comfortable**  
2

**Neutral**  
3

**A little  
comfortable**  
4

**Very  
comfortable**  
5

How comfortable do you feel now about talking with your child about sexuality-related issues?

**Not at all  
comfortable**  
1

**Not very  
comfortable**  
2

**Neutral**  
3

**A little  
comfortable**  
4

**Very  
comfortable**  
5

### Program Exposure

How many of the program sessions did you attend?

1 session

2 sessions

3 sessions

4 sessions

5 sessions

How many of the lessons did you take part in?

### Suggestions for Improvement

Is there anything else you would have liked to learn?

If you could change one thing about the program, what would you change?

### Likelihood Will Use Information Provided in Program

I will be able to use the information and skills I learned in the program.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4

Do you think you will use any of the ideas you learned today in the next three months?

<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
1	2	3

### Teacher Qualities

How important is it that the teachers for X program (INSERT PROGRAM NAME) have the following qualities?

<b>Qualities</b>	<b>Not at all important</b>	<b>Not very important</b>	<b>Neutral</b>	<b>Kind of important</b>	<b>Very important</b>
They listen well	1	2	3	4	5
They are open and honest	1	2	3	4	5
They are “real”	1	2	3	4	5
They care about my issues	1	2	3	4	5
They are trustworthy	1	2	3	4	5
They are the same race/ethnicity as me	1	2	3	4	5
They are the same gender (male or female) as me	1	2	3	4	5
They have been in the same situation as I have	1	2	3	4	5
They check in with me when I see them to see how I’m doing	1	2	3	4	5
They come from the same community or neighborhood that I do	1	2	3	4	5



## **Part B: Potential Teacher Satisfaction Items**

The items in Part B could be used or modified for use on a survey for teachers in the classrooms in which your program is delivered.

### **Teacher Satisfaction**

What did you think of the teaching?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

What did you think of the people who taught the program?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

How effective was the person who taught the program?

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

Overall, I think the teacher was:

<b>Very Poor</b>	<b>Poor</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
1	2	3	4	5

The way the classes were taught made it easy for me to learn the information.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The educator who taught the lessons was well prepared.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The educator who taught the lessons was able to relate well to my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The content of the lessons was relevant for my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The teaching strategies were appropriate for my students.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

The educator who taught the lessons was able to answer students' questions accurately.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

My students learned new information and/or skills.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

This is an important program to include at my school.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
1	2	3	4	5

Overall, how would you rate the program for youth in alternative school settings?

<b>Waste of time</b>	<b>Good, but not worth the time</b>	<b>Good and worth the time</b>	<b>Essential</b>
1	2	3	4

How would you rate *students'* responses to the following parts of the program?

	<b>Very Negative</b>	<b>Negative</b>	<b>Neutral</b>	<b>Positive</b>	<b>Very Positive</b>	<b>I don't know</b>
a. Class Lessons	1	2	3	4	5	0
b. Guest Speaker	1	2	3	4	5	0

## Part C: Potential Clinical Service Items

The items in Part C could be used or modified for use on a survey for clients in clinic settings.

### Clinical Services

#### Knowledge of Clinic/Referral Type/Access

How did you hear about this clinic? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> From someone who works for the clinic | <input type="checkbox"/> Friends                            |
| <input type="checkbox"/> Heard a presentation                  | <input type="checkbox"/> Family                             |
| <input type="checkbox"/> Another program for teens             | <input type="checkbox"/> Boyfriend/Girlfriend               |
| <input type="checkbox"/> Advertisement, Specify:               | <input type="checkbox"/> 1-800-Family Pact telephone number |
| <input type="checkbox"/> TV                                    | <input type="checkbox"/> Telephone book/Yellow pages        |
| <input type="checkbox"/> Radio                                 | <input type="checkbox"/> Flyer or brochure                  |
| <input type="checkbox"/> Billboard                             | <input type="checkbox"/> Health Fair                        |
| <input type="checkbox"/> Newspaper                             | <input type="checkbox"/> Other, specify: _____              |
| <input type="checkbox"/> I saw clinic from street              |   |

Why did you choose to come to this clinic? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Free or low-cost services   | <input type="checkbox"/> I was referred by another doctor or clinic                                 |
| <input type="checkbox"/> Convenient hours  | <input type="checkbox"/> I got the location from the Family PACT 1-800-telephone information number |
| <input type="checkbox"/> Convenient location (easy transportation, or near my house, work or school) | <input type="checkbox"/> They speak my language here  |
| <input type="checkbox"/> A counselor/teacher suggested I come here                                   | <input type="checkbox"/> Teens work here  |
| <input type="checkbox"/> Only place that I know about  | <input type="checkbox"/> Other, specify: _____  |
| <input type="checkbox"/> I was seen here for other care  |   |

Based on your experience, please rank what you consider to be the greatest barriers or challenges for teens coming to this clinic (Mark all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of transportation/client distance from the clinic       | <input type="checkbox"/> Anxiety about physical exam   |
| <input type="checkbox"/> Inconvenient clinic hours and/or location                    | <input type="checkbox"/> Embarrassment   |
| <input type="checkbox"/> Misinformation about services and fees                       | <input type="checkbox"/> Confidentiality concerns (fear parents/family/friends may find out they came) |
| <input type="checkbox"/> Long wait times (to schedule appointment or in waiting room) | <input type="checkbox"/> Other, specify: _____   |
| <input type="checkbox"/> Lack of knowledge about clinic                               |  |

**Type of Services Received**

How often have you used this clinic before today?

- ☐ First time, new to clinic
- ☐ 1 other time
- ☐ More than 2 times

What type of services did you come for today? (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Pregnancy Testing                             | <input type="checkbox"/> Gynecological Problems                        |
| <input type="checkbox"/> STI/HIV Screening/Treatment                   | <input type="checkbox"/> Breast Exam/Testicular Exam                   |
| <input type="checkbox"/> Reproductive Health Education and Counseling  | <input type="checkbox"/> Reproductive Health Exam, Including Pap Smear |
| <input type="checkbox"/> Birth Control Method Education and Counseling | <input type="checkbox"/> Emergency Contraception                       |
| <input type="checkbox"/> Birth Control Method Management               | <input type="checkbox"/> Other, specify: _____                         |

Did you get the Services you came for?

<b>Yes</b>	<b>No</b>
1	2

If no, please explain.

Were you given the information you needed today?

<b>Yes</b>	<b>No</b>
1	2

If yes, how was the information presented to you? (Mark all that apply)

\_\_\_ Written \_\_\_ Verbal \_\_\_ Video \_\_\_ Other

Did you understand the information you received today

<b>Yes</b>	<b>No</b>
1	2

If no, what would have made it better?

### **Clinic Environment**

How was the waiting room?

What was the room like where you received services (i.e. clean, comfortable, private, cold)?

What areas of the clinic do you think need improvement? *(For example the waiting room, the reception area, the laboratory, or any other area you visited)*

What do you like most about this clinic?

What do you think could be done to improve the services here?

How long did you have to wait to get services today?

- ☐ Less than 30 minutes
- ☐ More than 30 minutes
- ☐ More than 1 hour
- ☐ Other, specify: \_\_\_\_\_

**Interactions with Clinic Staff**

Were you given the opportunity to ask private, personal questions?

**Yes**  
1

**No**  
2

How comfortable did you feel talking with clinic staff?

**Not at all  
comfortable**  
1

**Not very  
comfortable**  
2

**Neutral**  
3

**A little  
comfortable**  
4

**Very  
comfortable**  
5

How well did the clinic staff relate to you?

**Not at all well**  
1

**Not very well**  
2

**Neutral**  
3

**Somewhat well**  
4

**Very well**  
5

How well did the clinic staff answer your questions?

**Not at all well**  
1

**Not very well**  
2

**Neutral**  
3

**Somewhat well**  
4

**Very well**  
5

Overall, I think the clinic staff was:

**Not at all helpful**  
1

**Not very helpful**  
2

**Neutral**  
3

**A little helpful**  
4

**Very helpful**  
5

The person I talked with really cared about me and my issues.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

I felt I could trust the person I talked with.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

The person I talked with really listened to me.

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

The length of the one-on-one session was:

**Much too Short**  
1

**Too Short**  
2

**Just Right**  
3

**Too Long**  
4

**Much too Long**  
5